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3GI	FA	lied	ms,
MARGIN RESI	S	ddn	ter
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	E	be	EA,
	PLA	pluc	FD
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	'RII	mation should be carefully supplied. AGE sl	CAUSE OF DEATH in plain terms, so that it
0. 1	N. B.—WRITE PLAINLY, WITH UNFADING INI	ma	CA
V. S. No. 1	B.		
>	Z		

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(3)
near a la haracteristica de la constantina della	Registration Dist. No. //6
Village or City Cambridge and	ND. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME	net ,
(a) Residence: No. Chytony (av	St., / Ward.
(Usua/place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Grite the word)	21. DATE OF DEATH
	(Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
(0) 1112 01	000 15 193 10 000 15 193 V
6. DATE OF BIRTH (month, day, and year)	I last saw h alive on bound 19 3 V; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at
Therefore I day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Date of onset
SAWYER, BOUKKEEPER, etc.	V// www. 15-193.
A 3 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	// *
SAW MILL, BANK, etc	
Description Data deceased last worked at this occupation (month and year)	
Ourseis and	Dther Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (Stata or country)	aportion
E (conclorado	
(State or country)	Name of operation Date of
15. MAIDEN NAME Glass Files	What test confirmed diagnosis?
- Carling.	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town). (State or country)	Accident, suicida, or homicide?, 19, 19, 19
9.1. 1-3	(Specify city or town, county and State)
17. INFORMANT GARDEN CARREST C	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place	Nature of Injury
19 UNDERTAKER & action	24. Was disaase or Injury in any way related to occupation of deceased?
(Address) Culturity wil,	If so, specify
20. FILED. Oct. 15. 1932 ESWORD	(Signed) Bylly Curry Curry M. D.
20. FILED COLD Registrar.	(Address) embly with
7.4	1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	į.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		RECEIVED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND—CERTIFICATE	OF	DEATH	10856
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1. PLACE OF DEATH			(131)	
County Dorchester				Registration D	ist. No. 116
Village or City Madison, Length of residence in city or town where		(H	NO. death occurred in a hos	pital or institution, give its NAME	St.,Ward instead of street and number)
	L. Barra				
(a) Residence: No. Madis	on, Mary (Usual place		St.,Wa	ard. If nonresident gi	ve city or town and State
PERSONAL AND STATIST	ICAL PARTIC	CULARS	MED	DICAL CERTIFICATE	
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARK OR DIVORCED	(write the word)	21. DATE OF	DEATH October (Month)	25th , ₁₉₃ 2 (Year)
5a. If married, widowed or divorced HUSBANO of HITTLE A. S.	henton.			EREBY CERTIFY	That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	10.22.18	84.	11		19/2; death is said
7. AGE Years Months 48 X	Days 3	If LESS than 1 day,hrs. ormin.	to have occurred on t	he date stated above, at 9 • IC	of Importance
8. Trade, profession, or particular kind of work done, as SPINNER, I SAWYER, BOOKKEEPER, etc	aborer		Mraes	ma.	Oate of onset
SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and IO/I year) 12. RIRTHPLACE (city or town) Richm		me (years) t in this 25 pation	Other Coutributory C	auses of importance:	
(State or country)			ahron	ntersty nella	tiel whereon
13. NAME Joseph Barr					
(State or country)	hmond. Va.		Name of operation What test confirmed of		Date of
15. MAIOEN NAME Augusta	Bryant.			external causes (VIOLENCE) fill i	
15. MAIOEN NAME Augusta Bryant. 16. BIRTHPLACE (city or town) Richmond, (State or country) Va,				nomicide? Da	te of injury, 19
17. INFORMANT Miss Cora (Address) Hadis	Barrack.		Specify whether injur	(Specify city or to y occurred In INDUSTRY, In HOM	wn, county and State) E, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Madison, Md.	DateIO	/28/32.	Manner of injury Nature of injury		
19. UNDERTAKER Granville S (Address) Cambris	. LeComp		24. Was disease or Inj	ury in any way related to occupati	on of deceased? 25
20. FILED Oct. 26, 1932	Eru	alf Registrar.	(Signed) (Address)	a. IT. Shi	serves, Jac M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
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1. PLACE OF DEATH County Registration Dist. No. Village or City Resoluted Place of St. (If death occurred in a horpital or institution, give its NAME instead of Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. 2. FULL NAME St., Ward. (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) (Month) (Day)	St., Ward f street and number) ds
Village or City Acceptable Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. 2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVOLCED (varieties word) (Month) (Day)	St., Ward f street and number) ds
(If death occurred in a hospital grantitution, give its NAME instead of Length of residence in city or town where death occurred yrs. ds. How long in U.S. if of foreign birth? yrs. 2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (writighte word) (Month) (Day)	f street and number)
Length of residence in city of foreign birth? 2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR PACE OR DIVOICED (write the word) (Month) (Day)	s Iown and State EATH 193
2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (writing the word) (Month) (Day)	F Iown and State EATH 193
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 1. DATE OF DEATH OR DIVORCED (write the word) (Month) (Day)	EATH 193
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (writing the word) 1. DATE OF DEATH OR DIVORCED (writing the word) (Month) (Day)	EATH 193
3. SEX 1. COLOR OR RACE OR DIVORCED (write the word) 1. COLOR OR RACE OR DIVORCED (write the word) 1. COLOR OR RACE OR DIVORCED (write the word) 1. COLOR OR RACE OR DIVORCED (write the word)	, 193 2
Male White OR DIVOICED (writing word) (Month) (Day)	, 193
) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	<u> </u>
(or) WIFE of 22. 1 HEREBY CERTIFY, That I	attended deceased from
DATE OF BIRTH (month, day, and year) Det 8, 193 V last saw h alive on	., 19; death is said
. AGE Years Months Days If LESS than to have occurred on the date stated above, at 10	
I day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of import were as follows:	
8 Trade profession or particular	Date of onset
SAWYER, BOOKKEEPER, etc.	10-8-3
Kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 11. Total time (years)	
to. Date deceased last worked at this occupation (month and spent in this occupation occupation	
2. BIRTHPLACE (city or town) Cambridge Other Contributory Causes of importance:	100 100 100 100 100 100 100 100 100 100
(State or country) That! Malhaection -	
13. NAME William Negry Brooks froboused labor	
13. NAME William Veryng (30000) Indonesia Carbon 14. BIRTHPLACE (city or town) Woolford. Med. Name of operation.	Date of
What test confirmed diagnosis?	
15. MAIDEN NAME Effect Workers 23. If death was due to external causes (VIOLENCE) fill in also the Accident, suicide, or homicide? Date of Injury 25. Date of Injury	
16. BIRTHPLACE (city or town)	iry, 19
Where did injury occur?	10
7. INFORMANT William Kenny Market Specify whether injury occurred in INDUSTRY, in HOME, or in Plantage (Address)	'UBLIC PLACE,
8. BURIAL, CREMATION, OR REMOVAL Manner of injury	
Place Date Date Nature of Injury	
9. UNDERTAKER 202m. 24. Brooks (Address) Muelton, Ind. 24. Was disease or Injury In any way related to occupation of deco	ceased? W
20. FILED Clot. 9 , 1932 E & City Registrar. (Address) A Race Sk Came	fredge M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	i		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal car of importance we	use of death and related causes re as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	PO TENTE O TENTE	1 week ago
Chronic interstitial nephritis	1921	Run over by street c	ar	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	ZSST A AON	3 days ago
			eter names et al.	
Other contributory causes of importance:		Other contributor	y causes of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPA.

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STATE OF MARYLAND—	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u></u>
county Boychester	Registration Dist. No.
Village or City Secretary	No. St., Wa
Length of residence in city of town where death occurred 4 yrs	If death occurred in a horpital or institution, give its NAME instead of street and number) sds How long in U.S. If of foreign birth?yrsmos
2. FULL NAME Pares, a. Carte	10
1 1 24	Ot Ward
(a) Residence: No./ (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Market	21. DATE OF DEATH (Month) (Day) (Year)
5e. If merried, widowed, or divorced HUSBAND of Jen. WHFE of Mrs Pauces Carroll	22. IAEREBY CERTIFY, That t attended deceased f
6. DATE OF BIRTH (month, day, and year) Mar/15/893	1 Ast saw h alive on a the 16 - 19 3 2 death ts
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
59 7 1 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and retated causes of importance
8 Trade profession or particular	are, expended Date of o
kind of work done, as SPINNER, Attenuan	and nick
9. Industry or business in which work was done, as StLK MILL,	Paimony in paralid gland; then
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as STLK MILL, SAW MILL, BANK, etc. 11. Total time (years) this preparation of month and services and the state of the st	involving entire neck and head.
this occupation month and 938 spent in this 4-0 occupation	Cw&R.
12. BIRTHPLACE (city or town) Secretary	Other Coutributory Causes of importance:
(State or country) Wary lack	
13. NAME Alved Garroll.	
13. NAME Wed Garroll. 14. BIRTHPLACE (city or town)	Name of operation 2000 Date of
(State of country)	Whet test commend diagnosis Null Was there an autopsy?
15. MAIDEN NAME / argrete Collins 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city/or town)	Accident, suicide, or homicide? Date of injury
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Leongle Carroll	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) ACC Ne Other Transport (Address) 18. BURIAL CREMATION OR REMOVAL	
Plate est new Marshate Oct 17,19.3	Manner of injury
19. UNDERTAKER THE Sty Wellow glefty	24. Was disease or injury in any way related to occupation of deceased? 22.00
20. FILED Oct (4, 18) 2 H E Pank	(Signed) (Signed)
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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· Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:		
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURDAU V.				
Other contributory causes of importance:	ung di	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

M	ID. Every item of infor-	SICIANS should state	statement of OCCUPA.		
	RECOR	Y. PHY	Exact		-
NDING	RMANENT	XACTL	classified.		N.
FOR BI	IS A PEI	itated E	roperly	ertificate.	7
MARGIN RESERVED FOR BINDING	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact-statement of OCCUPA.	TION is very important. See instructions on back of certificate.	NOTITE AGENT ON 1
	3WRITE PLAINLY, WI	mation should be carefu	CAUSE OF DEATH in 1	TION is very important.	1 1 1
V. S. No. 1	N.	(T)	2

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10859
1. PLACE OF DEATH County Torchester	Registration Dist. No. //6
Village or City Cambridge Med Ord	DO BOO
()()	death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. 65 of foreign birth?yrsmosds.
2. FULL NAME Tollie Raluis	calenter
(a) Residence: No. 19 and 1000 (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH COST 1193 2
of If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended decaased from Oct 3 1932, to Oct 11 1932
6. DATE OF BIRTH (month, day, and year) 22 21 193	I last saw h elive on
7. AGE Years Month Days If LESS than	to have occurred on the date stated above, at [D-Sem?.
29 9 /3 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER, Land 11.	Date of onset
Kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and the control of	- Vuberculosis 1901
work was dona, as SILK MILL, SAW MILL, BANK, etc.	Destination of
10. Date deceased last worked at this occupation (month and spant in this	or was cauc
yaar) occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) A and fluid gl. (State or country)	
E 33	
4. BIRTHPLACE (city or town) (Stata or country)	Name of operation Dete of
15. MAIDEN NAME Owhn wind Culist	What test confirmed diagnosis?
15. MAIDEN NAME STORMAN COUNTY COUNTY OF THE PROPERTY OF TOWN OF THE PROPERTY OF TOWN OF THE PROPERTY OF THE P	Accident, suicida, or homicide? Date of injury19
X (Stata or country)	Where did injury occur?
17. INFORMANT LA Fridig Raid sel	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Removal 18. BURIAL, CREMATION, OR REMOVAL	M
Place Rock Date SCT 14, 1932	Manner of injury
19. UNDERTAKER Glins HRam	24. Was disease or injury In any way related to occupation of deceased?
(Address)	If so, specify
20. FILED (let. 13 19 32 28 Wolf)	(Signed) To 18 of Timer M.D.
Registrar.	(Address) Powerbredge
If more blanks are needed, address State Registrar,	2421 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	4	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
		GRATION	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PLACE OF DEATH	STATE OF MARYLAND
County Dockestin -	CERTIFICATE OF DEATH
	Registration Dist. No. 114
Village or City Craps (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Thallens C	arler tion, give Its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH OCY _ 5 - , 193 >
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
ock - 5 , 176	Qey 4 192 to Qet. 5: ,193 2
(Month) (Day) (Year)	that I last saw han alive on 6 7 192-
	n and that death occurred on the date stated above, at .1. P
7 Vyrsmosds. ormin.	The CAUSE OF DEATH * was as follows:
OCCUPATION	and party of
(a) Trade, profession or particular kind of work	
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)
9 BIRTHPLACE	Contributory Secondary
(State or country) Dochest Co	(Durstion) yrs, mos, ds.
10 NAME OF	(Signed) Te to Duenn M. D.
FATHER Down Vacon	- 6 x 3 = 19 M(Address) Com Tud
State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER .	At place In the of death yrs. mos. ds. State yrs. mos. ds.
(State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or
(Informant) fly Kam -	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Cray met	Sonak & Oct 7, 1932
15 Filed OCT 1 1932 Jus It & buick	Donald Richardson Church Creek
If more blanks are needed, address State Registr	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (re-tired 6 yrs). For persons who have no occupation state occupation at heginning of illness. If retired from definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Collon mill; (a) Salesman, (b) Grocery, (o) Foreman, (b) Automobile foctory. The materia should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Civil engineer, Physician, Compositor, Architect, Locomotive engineer, Housemuid, etc. If the occupation has been changed For many occupations a single word or term on Farm laborer, Stationary fireman, etc. But in Loborer-Coal mine, etc. Wom-

Strtement of Cause of Death—Name, first, the DISERA E CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted; term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diohtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, use of "Tumor" for malignant neoplasms); Measles; approved by (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perdonitis," etc. diseases can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (secondary or intercurrent) "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of resulting from childbirth or miscarriage as cough; Committee on Chronic valvular heart etc. affection need Nomenclature The contributory Always qualify all not be disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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3.

5a

7.

OCCUPATION

MOTHER | FATHER |

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	9 10861,
County Dorchester	Registration Dist. No. // 6
Village or City Cambudge	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) 24.ds. How long in U.S. if of foreign birth?
2. FULL NAME Atman Chase	
(a) Residence: No. 477 (Us) al place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH / 17 ,193 Z (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That i attended deceased from
6. DATE OF BIRTH (month, day, and year) February 2 2 /932	I lest saw h elive on October 17, 1937; deeth is seld
7. AGE Years Months Days If LESS than	to heve occurred on the dete stated above, at 9.25 6 m.
7 2 4 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of Importence
9 Trade profession or particular	Whoping Cough Date of onset 10.6-32
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	1 0
Kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc SAWYER, BOOKKEEPER, etc SAW MILL, BANK, etc D. Date decessed lest worked at ff Total time (years)	
10. Date decessed lest worked et this occupetion (month end year)	
C. L.A.	Other Contributory Causes of Importance:
12. BfRTHPLACE (city or town) (State or country)	
3	Neme of operation
4 14, BIRTHPLACE (city or town) (Stete or country) (Stete or country)	What test confirmed diagnosis? Clinical Was there an eutopsy?
15. MAIDEN NAME While Rocker	23. If death wes due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homicide?
17. INFORMANT Ethe Charles (Address)	Where did injury occur?(Specify city or towo, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
FR. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Cambridge, M. Date Oct. 19, 19 32	Nature of injury
19. UNDERTAKER Harry A. Usakara (Address) 129. Harry (Address) 129.	24. Was disease or injury in eny wey releted to occupation of deceased?
20. FILED Oct. 19, 1932 Eswolf Registrar.	(Signed) Concell Matter M. D.
Registrar.	(Address)

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting V. S. No. 1)

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Example I	1	Example II	
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
NOV 7 1982			
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:	1 year

DUIGNIE TO TO THE TOTAL WITH THE TOT	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORI	mation should be carefully supplied. AGE should be stated EXACTLY. PHYS	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact st	TION is very important. See instructions on back of certificate.
	N. B.—WRITE PLAINLY, WITH I	mation should be carefully su	CAUSE OF DEATH in plain	TION is very important. See

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 10862
1. PLACE OF DEATH	210-m
County Dorchester 100	Registration Dist. No. //6
	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) 108. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Coligabith boloma	n.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write) the worth	21. DATE OF DEATH Oct. 22 , 193 2 (Year)
5a. If married, widowed, or divorced HUSBAND of frank Coleman	22. I HEREBY CERTIFY. That I attended deceased from Oct. 22, 1932, to, 19
5. DATE OF BIRTH (month, day, and yeer) 1876	I last saw h alive on, 19; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1.5.0 fr. m.
36 1 day,hi	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Oate of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	Fracture of Variet & bone of should Oct. 21/3
kind of work done as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) occupation	
12. BIRTHPLACE (city or town) Forchester Co, (State or country)	Other Contributory Causes of importance: Cleabout Hemmhage - (24/31
13. NAME lukuow	
14. BIRTHPLACE (city or town). Luck	Neme of operation
(State of country)	What test confirmed diagnosis? X-Ray Was there an autopsy? 2
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Cuculdud Date of injury CLX 22, 193 > Where did injury occur? Where the county occurs of the county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)	On Aublic highway.
18. BURIAL, CREMATION, OR REMOVAL Place Dete 6 7 25, 19 3	Manner of Injury Fracture of Vanet & Boar of Sharel
19. UNDERTAKER Harry A. Vodery (Address) 229 Harry St. January	24. Wes disease or Injury in any way related to occupation of deceased? \\ If so, specify \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
20. FILEO Oct. 25, 1932 E. E. Wolff. Registrar.	(Signed) N. O Willes M. D. M. D. O STONES

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	100
Gallstones	Moy 1,1923	Gastroenteritis	1 year
1 800 BANG			¥
16 80 80			

	or-	ate	-W	
9	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD, Every item of Affor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
1	item	shor	0 jo	
	ery	INS	ent	
	D. Ev	SICIA	atem	
	CORI	PHY	ct st	
	RE	. I	Exa	
5	ENT	TLY	ed.	
777	IAN	A C	assifi	
117	ERN	EX	y cla	
170	AP	ated	operl	
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2	THI	q pl	ay b	
T T	NK	shou	it m	,
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TATE	H D	a sul	ain t	
	WIT	efull	in pl	
	LY,	car	TH	
	AIN	ld be	DEA	
	E PI	noys	OF	
	RITI	tion	USE	
	M	ma	CA	-

1		STATE (OF MAR	YLAND-	CERTIFICATE OF DEATH	863
1	. PLACE O		HIR PORMA		(73)	700
	County_D	orchester		Th Limits of	Registration Dist. No. II6	
	Village or C	ity Cambride	ge, Mary	land,	No Cambridge Maryland Hospital	Ward
	Length of resi	dence in city or town where	death occurred	7 yrs. I mos	death occurred in a horpital or institution, give its NAME instead of street and no 22 ds. How long in U.S. if of foreign birth?	ımber)
2		ME William H				
	(a) Residen	ce: No. 410 Mar	yland A (Usual place	V@ a of abode)	St., Ward. X If nonresident give city or town and S	State
	PERSON	AL AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
	sex	4. COLOR OR RACE White	OR DIVORCE	RRIED, WIDOWED. D (write the word)	21. DATE OF DEATH October I4th (Month) (Day)	193 2 (Year)
5a.	If married, widow HUSBANO of (or) WIFE of		nio M.	Parkman	22. I HEREBY CERTIFY, That I attended d	eceased from
	li de		0.499.470	or	I last saw h alive on 19	
-	AGE Yea	month, day, and year) rs Months	Days	If LESS than	to have occurred on the date stated above, at 3.45 m.	death is said
	47	I	22	l day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
OCCUPATION	9 Industry or work was SAW MIL 10. Date decease this occur	ssion, or particular york done, as SPINNER, BOOKKEEPER, atc. business in which s done, as SILK MILL, L, BANK, etc. ed last worked at pation (month and I) / I	11. Total t	time (years) nt in this Iyr	by Jartier einsterom to Jung.	Olek 13/32 Olek 13/32
12.	BIRTHPLACE (cit	ty or town) Dorch	ester	County	Other Coutributory Causes of importance: Bronder. Presumonia (terminal	Oct. 14/3
ER	13. NAME	William H.	Corkran			
FATHI	14. BIRTHPLACE (State or		chester ryland.	County	Name of operation La parotorny Date of Co What test confirmed diagnosis? Aparoton Was there an au	1100
ER	15. MAIDEN NA	ME Emmma S.	Reed.		23. If death was due to external causes (VIOL ENCE) fill in also the following:	
MOTHER	16. BIRTHPLACE (Stata or	(only of town)	hester (County	Accident, suicide, or homicide? Homicicle Date of injury Oct. /	1932 hidge
17.	INFORMANT	Wrs Harry S Cambridge,	toker.	id.	Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE Les place of the country and State of the country and Sta)
18.		on, or REMOVAL		7/16/32.	Manner of injury Perforation of Stomach & intestines	
19.	UNDERTAKER(Address)	Granville Cambri	S. LeCo		24. Was disease or injury in any vary related to compation of deceased? If so, specify	ت
20.	FILED Oct.	15 ,1932	E.EWO	Registrar.	(Signed) Corone (Address) Cambridge, Incl.	M. D.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
		2881 Z AON		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1 N. B.

STATE OF MARYLAND	CERTIFICATE OF DEATH 10864
1. PLACE OF DEATH County Dorchester	(46)
County Dorchester	Registration Dist. No.
V 10	No. Ward Manufectured in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredmos	ds. How long in U. S. if of foreign blrth?
(a) Residence: No. 103 Prince (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ao not know	22. i HEREBY CERTIFY. That I attended daceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, hrs. or min.	I last saw 2 alive on 2 , 19 2 ; death is said to have occurred on the date stated above, at 12 - 0.5 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Oate of onset
kind of work dona, as SPINNER SAWYER, BDDKKEEPER, etc. 39. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and the control of	Caremonia 1951
10. Data deceased last worked at this occupation (month application) 11. Total time (years) spent in this year) 12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of Importanca:
13, NAME Peter Henry	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Date of What test confirmed diagnosis? Classical . Was there an autopsy?
15. MAIDEN NAME unknown	23. If daath was due to external causes (VtDL ENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANT Gasie Avenue (Address) 10. 5 Ping PR	Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Haugh Cem: Date Oct. 4, 1932	Manner of injury
19. UNDERTAKER Hand A. Colombia (Address) 22 9 Hargh 24 Colombia	24. Was disease or injury in any way related to occupation of deceased?
20. FILED (Ct. 4, 1932 E. E. Wolff Registrar.	(Signed) TOZ; M.D. Mirer, Jr. M.D.
. If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			ds .
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPA	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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should state of OCCUPA-

PHYSICIANS Exact statement

stated EXACTLY. properly classified.

See instructions on back of certificate.

pe

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

AGE should be

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	. PLACE O	F DEATH				<u></u>		
	County Dorchester					Registration Dist. No.	16	
	Village or (City	Cambr	idge		No. Eastern Shore State HospitalSt., Ward If death occurred in a hospital or institution, give its NAME instead of street and number)		
	Length of res	idenca In city o	or town where d	eath occurred		death occurred in a nospital or institution, give its INAIVIE, instead of street and real death occurred in a nospital or institution, give its INAIVIE, instead of street and real death occurred in a nospital or institution, give its INAIVIE, instead of street and real death occurred in a nospital or institution, give its INAIVIE, instead of street and real death occurred in a nospital or institution, give its INAIVIE, instead of street and real death occurred in a nospital or institution, give its INAIVIE, instead of street and real death occurred in a nospital or institution, give its INAIVIE, instead of street and real death occurred in a nospital or institution, give its INAIVIE, instead of street and real death occurred in a nospital or institution, give its INAIVIE, instead of street and real death occurred in a nospital or institution or institution.		
	. FULL NA	ME	Addie	M. Dean				
	(a) Resider	nce: No. St		els, Md.		St., Ward.		
p. Section 1				(Usual place		If nonresident give city or town and	State	
3	SEX	4. COLOR O		CAL PARTI	RIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH		
	Female		ite	OR DIVORCE	D (write the word)	October 30	, 1932	
-	If married, widow HUSBAND of	1		DITEL	=		(Yaar)	
	(or) WIFE of					22. I HEREBY CERTIFY, That I attended		
	DIFF OF BIRTH	(gust 15.	1874	September 28, 1932, to October 30, 1932		
-		ars ars	Months	Days	If LESS than	to have occurred on the date stated above, at 10:30Pm.	, dadii 13 3010	
		68	2	15	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importanca wera as follows:	Date of onset	
Z	8. Trade profe	ession, or partic	cular SPINNER.				Date of onset	
OCCUPATION	9 Industry or	work done, as R, BDDKKEEPEF business in wi	hich	chool Tes	acher	Garalana	. 3	
	work wa	as dona, as SILI LL, BANK, etc.	K MILL, S	chool Tes	acher	Cerebral arterio-sclerosis	About L yr.	
000	10. Date deceased last worked at this occupation (month and year) UNKNOWN				ime (years) nt in this upation42		J	
12	BIRTHPLACE (c		St. Mic Marv	haels land		Other Contributory Causes of importance:		
ER	13. NAME	- 11	n W. De					
FATH				chester (County	Name of operation	NO.	
22	15. MAIDEN NA	AME T	osenhin	e Denney		What test confirmed diagnosis?		
MOTHER	16. BIRTHPLAC		**	chaels		Accident, suicide, or homicide? Date of injury		
Σ		r country)	Md			Where did Injury occur?		
17	. INFORMANT			Records		(Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL/	ACE.	
18	(Address) BURIAL, CREMA	Camb	ridge,	Md.				
				topety No	7. 2, 19.52	Manner of injury		
19	UNDERTAKER (Address)	J. 4 M St. Mic		Ma		24. Was disease or injury in any way ralated to occupation of deceased?	Ю	
20	//	3/.,19	-	EEL	Valff Registrar.	(Signed) Kurlls Abelyl (Apdress) Cambridge, Md.	м. D.	
			If more	blanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.		

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Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

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S. No. 1

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EUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	
Catint sent to General 2, B. Institution by me 3-3	
mil 10-22-32 and lied 10-26.32 / Name les	~
the only physician in attendance here since 3-1-32	the
bain not sum her aline sence \$ 3-30-32	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10867	
1. PLACE OF DEATH	<u></u>	
County Dorchester 1901	Registration Dist. No. // 6	
Village or City Cambridge	Warmb Med Horf. St., Wa	ard
Length of residence in city or town where death occurred	f death occurred in a horpital or institution, give its NAME instead of street and number) s	ds.
2. FULL NAME Infant Dumai	chott	
(a) Residence: No. Coperator form kul.	St., Ward.	
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State	10000
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH	
OR DIVORCED (write the word)	(Month) (Man)	- 40
5a. If married, widowed, or divorced HUSBAND of	(Teal)	
(or) WIFE of	22. HEREBY CERTIFY, That I attended deceased fr	
6. DATE OF BIRTH (month, day, and year)	I last saw has alive on Oct 15 ,1913; death is s	
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 7-15 m.	uru
1 day, 6 hrs. or F. min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profession, or particular kind of work done as SPINNER	Data of ons	set
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Welectary lat	4
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		
10. Dato deceased last worked at this occupation (month and spent in this		
year) occupation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town)	Gremsture Broth 8mg	
13. NAME Tred. W. Diegel H		
14. BIRTHPLACE (city or town)	Name of operation Date of	
(State or country)	What test confirmed diagnosis? Was there an autopsy?	
15. MAIDEN NAME Missiam Thrives	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19	
Quality Is	Where did injury occur? (Specify city or town, county and State)	
7. INFORMANT! JOZ: 11: Murera (Address) Cambridge Med	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
8. BURIAL CREMATION, OR REMOVAL 911 OF 15 32	Manner of injury	
Place Cambridge MA Date Off 13, 1906	Nature of injury	
9. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?	
10. FILED Oct, 15, 1932 E. E. Woeff Registrar.	(Signed) The M. Ohrever M.	. D.
If more blanks are needed address State D. in	(Address)	

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Run over by street car Chronic interstitial nephritis 1921 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

AGE should be stated EXACTLY.

properly classified.

CAUSE OF DEATH in plain terms, so that it may be properly of TION is very important. See instructions on back of certificate.

mation should be carefully supplied.

PHYSICIANS should state Exact statement of OCCUPA.

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1. PLACE OF GEATH COUNTY COUNT		S	TATE OF	MAR	YLAND—	CERTIFICATE OF DEATH	868
Village Dr City Authority (If death occurred in shopstal or institution, give in NAME instead of used and number) Length of residence in city or town where death occurred yrs mos ds. How long in U. S. If of foreign birth? yrs mos ds. 2. FULL NAME			TH /	1.	SHATE LIMITE	(3)	11
Length of residence in city or town where death occurred. 2. FULL NAME (a) Residence: ND. 6. DELLE MANE (b) Residence: ND. 6. DELLE MANE (b) Residence: ND. 6. DELLE MANE (b) Residence: ND. 6. DELLE MANE (c) Residence: ND. 6. DELLE MANE (County	renes			Registration Dist. No.	6
Length of residence in city or form where death occurred. 2. FULL NAME (a) Residence: No. 6. According to the control of the		Village or City Co	ubre	de	(lf	No. 6 Steath St., death occurred in a hospital or institution, give its NAME instead of street and n	Ward
(Justified British Control of Con		Length of residence in ci	ty or town where deat	h occurred			
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINCLE, MARRIED, WIDOWED, OR DIVORCED (varye the word) 6. DATE OF DEATH 7. AGE Frace, profession, or particular And of wark done as SPINNER, SAWTER, BOOKKEFR, etc. 1. Industry to business in which it. SAW MILL, BARN, etc. 1. SINCRED (varye the word) 1. BISTAMPLACE (city or town) (State or country) 1. Industry 1. SINCH ACCE (city or town) (State or country) 1. Informant 1. SINCH MARE 1. MARLE MARLE 1. Informant 1. SPECE (city or town) 1. SINCH MARLE 1. Informant 1. See of the sinch was done as experimental and a society of the sinch was accurated at this occupation (month and year) 1. SINCH MARLE 1. SINCH MAR		2. FULL NAME	Daly	guil	Edga		
PERSONAL AND STATISTICAL PARTICULARS 3. SEX		(a) Residence: No4	6 Frew	Home	50.	St., Ward.	
3. SEX 1. COLOR OR RACE OR DRACE OR DRONGED Compute word) 5a. If married, voidowed, or divorced word of Dronged Compute Word	-					No. of the second secon	State
Sa. If married, widowed, or divorced HUSARIO (Month) (Day) (Year) 22. I HEREBY CERTIFY, That I ettended deceased from 19. 2. 19	-						
58. If married, widowed, or divorced HUSBAND of (cr) Wife	3.	SEX 4. COLO	R OR RACE 5.			21. DATE OF DEATH	2
#USBAND of for VIPE of Cory VIP	-	Temale U	Mill 1	ou	The same of the sa	(Month) (Day)	(Year)
1. AGE Years Months Days If LESS than to have accurred on the data stated above, at the most of the case state of the data stated above, at the most of the case o	Sc	HUSBAND of	rced			22, I HEREBY CERTIFY, That I ettended d	leceased, from
1. AGE Years Months Days If LESS than I day	-			, ,		Och 12 ,1932, to Och 12	, 19.52
1 day, hrs. or min. 1 day, hrs. or min. or min. 1 day, hrs. or min. or min. 1 day, hrs. or min. 1 day, hrs. or min. or				1/2,1	1 2 -	I last saw h alive on 19 19	; death is said
8. Trade, profession, or particular kind of work done as SPINNER. SAWYER, BOKKEPER etc. 1. Industry or business in which work done as SPINNER. SAWYER, BOKKEPER etc. 1. Industry or business in which worked at this occupation (month and year) 1. BIRTHPLACE (city or town) (State or country) 1. Is BIRTHPLACE (city or town) (State or country) 1. Is BIRTHPLACE (city or town) (State or country) 1. Informant (State or country) (State or countr	7.	AGE Years	Months	Days			
S. Trade, profession, or particular (and of work done, as SPINER, SAVYER, BOOKREPER, etc. STATE	_					were as follows:	Date of onset
12. BIRTHPLACE (city or town). (State or country) 13. NAME 14. BIRTHPLACE (city or town). (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Address) 20. FILED Other Contributory Canses of Importanco: Other Contributory Canses of Importance: Other Contributory Other Co	NO	8. Trade, profession, or pa	articular as SPINNER,			Helborn	
12. BIRTHPLACE (city or town). (State or country) 13. NAME 14. BIRTHPLACE (city or town). (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Address) 20. FILED Other Contributory Canses of Importanco: Other Contributory Canses of Importance: Other Contributory Other Contri	FA					1 - 1 - 1	
12. BIRTHPLACE (city or town). (State or country) 13. NAME 14. BIRTHPLACE (city or town). (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Address) 20. FILED Other Contributory Canses of Importanco: Other Contributory Canses of Importance: Other Contributory Other Co	UP	work was done, as \$	SILK MILL.			Ventaury pus	
12. BIRTHPLACE (city or town) Cauchy Md. (State or country) 13. NAME 14. BIRTHPLACE (city or town) Lakes, Md. (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) Lakes, Md. (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 10. FILED Oct. 12, 19, 32 (Address) Other Contributory Canses of Importanco: Other Contributory Name of operation Accident, suicida, or homicide? Other Contributory What test confirmed diagnosis? Was thara an aulopsy? Was there are a country Where did injury occur? Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE. Manner of injury Nature of Injury Accident, suicida, or homicide? Specify wither injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE. Other Contributory Other Contributory What test confirmed diagnosis? Was there an aulopsy? Was there are a country Other Contributory Other Contributory Name of operation. Specify wither injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE. Other Contributory Other Contribut	000	Date deceased last wor this occupation (mo	rked at	11. Total tin	me (years) tin this		
13. NAME 14. BIRTHPLACE (city or town) 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL 18. BURIAL, CREMATION, OR REMOVAL 19. UNDERTAKER (Address) 1	-	year)	0_	Occu	34.1	Other Contributory Causes of Importance:	
13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL Place 20. FILED 20. FIL	12		Cam	vuil	e las		
What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME May lake May lake May lake to external causes (VIOLENCE) fill In also the following: Accident, suicida, or homicide? Data of Injury. Where did injury occur? Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE. Manner of injury. Nature of Injury. 19. UNDERTAKER Alian & Jake May lake May lake May related to occupation of deceased? 18. Oct. 12, 19. 32 What test confirmed diagnosis? Was thara an autopsy? Accident, suicida, or homicide? Data of Injury. Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE. Manner of injury. Nature of Injury. 19. UNDERTAKER Alian & Jake May lake May related to occupation of deceased? If so, specify (Signed) M. D. (Address) A Share M. Cauchardy. M. D. (Address) A Share M. Cauchardy.	02			, ,			
What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME May lake May lake May lake to external causes (VIOLENCE) fill In also the following: Accident, suicida, or homicide? Data of Injury. Where did injury occur? Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE. Manner of injury. Nature of Injury. 19. UNDERTAKER Alian & Jake May lake May lake May related to occupation of deceased? 18. Oct. 12, 19. 32 What test confirmed diagnosis? Was thara an autopsy? Accident, suicida, or homicide? Data of Injury. Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE. Manner of injury. Nature of Injury. 19. UNDERTAKER Alian & Jake May lake May related to occupation of deceased? If so, specify (Signed) M. D. (Address) A Share M. Cauchardy. M. D. (Address) A Share M. Cauchardy.	HE	13. NAME JULI	aux of	2 m	/		~~~~~
15. MAIDEN NAME Martest confirmed diagnosis: Was there an autopsy? Was there an autopsy? Was there an autopsy? Where did injury occur?	FAT		wn)	es, /r	·····	Name of operation Dete of	
Where did injury occur? 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) Data Oct. 12, 1932 Manner of injury Nature of Injury Nature of Injury 19. UNDERTAKER (Address) Oanbridge 24. Was disaase or Injury in any way related to occupation of deceased? (Address) Oanbridge (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. Manner of injury Nature of Injury 19. UNDERTAKER (Address) (Address) (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. (Address) Manner of injury Nature of Injury (Signed) (Specify city or town, county and State) (Specify cit	02	3-	nahel f	9		What test confirmed diagnosis? Was there an au	itopsy?
Where did injury occur? 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) Data Oct. 12, 1932 Manner of injury Nature of Injury Nature of Injury 19. UNDERTAKER (Address) Oanbridge 24. Was disaase or Injury in any way related to occupation of deceased? (Address) Oanbridge (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. Manner of injury Nature of Injury 19. UNDERTAKER (Address) (Address) (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. (Address) Manner of injury Nature of Injury (Signed) (Specify city or town, county and State) (Specify cit	HE	15. MAIDEN NAME	Langer 1	The state of			
17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Cambridge Data Oct. 12, 1932 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED Oct. 12, 1932 (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE. Manner of injury Nature of Injury 24. Was disaase or Injury In any way related to occupation of deceased? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE. (Specify city or town, county and State) Nature of Injury Nature of Injury (Signed) (Signed) (Signed) (Signed) (Address) (Address)	MO		wn) ARIC	, /ua			, 19
18. BURIAL, CREMATION, OR REMOVAL Place Campling Data Oct. 12, 19.32 19. UNDERTAKER (Address) 20. FILED Oct. 12, 19.32 Manner of injury Nature of Injury 24. Was disaase or Injury In any way related to occupation of deceased? (Signed) (Signed) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address)	-	La l	- 11	n-1 1		(Specify city or town, county and State)
Place Cambridge) Data Oct. 12, 1932 19. UNDERTAKER (Address) 20. FILED Oct. 12, 19.32 Nature of Injury 24. Was disaase or Injury In any way related to occupation of deceased? (Signed) (Signed) (Address) (Address) (Address) (Address) (Address) (Address) (Address)	17	//	Treuter	-9/	1940dit	Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLA	CE.
19. UNDERTAKER Palian & Agat 24. Was disaase or Injury In any way related to occupation of deceased? 20. FILED Oct. 12, 19. 32 Problem (Signed) Uylum Tary M. D. (Address) 38 Race St. Cambridge	18	BURIAL, CREMATION, OR	EMOVAL	0 -	4	Manner of injury	
(Address) (Cambridge) Md. 20. FILED Oct. 12, 19.32 ENWOLF (Signed) Wyler Many M.D. (Address) 138 Rose St. Cambridge (Address) 138 Rose St. Cambridge	_	Place Camb	ridge	Data OCI	1/2,1932	Nature of Injury	
(Address) (Cambridge) Md. 20. FILED Oct. 12, 19.32 ENDOLF (Signed) Wyler M. D. (Address) 138 Race St. Cambridge (Address) 138 Race St. Cambridge	19	INDERTAKER SA	liam)	Edas	E).	24. Was disaase or Injury In any way related to occupation of deceased?	Zev
20. FILED CLCY. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19		///	imbrid	10/71	rd.		
Registrar. (Address) 1/38 Kane VV. Camebandy	20	FILED Oct. 12	19.32	EEN	alf	(Signed) Wyler M Lay	M. D.
		,				(Address) U/38 Kase VV. Carry	bridge

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related cause of importance were as follows:		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
NOV 7 1932				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	<u> </u>			

No ໝໍ

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemand, etc. If the occupation has been channel laborer, Farm laborer. Laborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; it cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, House household only (not paid Housekeepers who receive a er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician. Compositor. the first line will be sufficient, e. g., Farmer or Planter. tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quesreport specifically the occupations of persons Foremon, For many occupations a single word or term on or At Home, and children, yrs . without more precise specification as Day mpositor. Architect, Locomotive engineer, Stationary fireman, etc. But in many For persons who have no occupation (b) Automobile foctory. The material not gainfully em-Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

gor as probably such, if impossible to determine definitely. accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritorities," etc. stated unless important. Example: Measles (disease Examples: Accidental drowning; Struck by roilway traintaken. FOR VIOLENT DEATHS State MEANS OF INJULY causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles, approved by telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Inanition," "Warkness," etc., when a definite disease "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Drcpsy," (Exhaustion," "Heart failure," "Hemorrhage," "Shock," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Recommendations on statement of cause of .. (name origin; "Cancer" is less definite; avoid perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, Committee on Chronic valvular heart affection need etc. Nomenclature The contributory not be disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

1	. PLACE OF	DEAT	ГН			97	1.	
	County_Do	rches	ter				Registration Dist. No	110
			Cambrid	,	-	No. Eastern Shore death occurred in a hospital or institution, 21 ds. How long in U.S. if of for	n, give its NAME instead of street i	and number)
	. FULL NA		Emma Eva					
4			Prasonvil		and	St., Ward.	If nonresident give city or town	and State
part of		-	D STATISTI	The state of the s		MEDICAL CE	RTIFICATE OF DEATI	Н
	sex Female	w	R OR RACE		RIED, WIDOWED. D (write the word)	21. DATE OF DEATH	October 17, (Month) (Day)	, 198_2 (Yaar)
5a.	If marriad, widow HUSBANO of (or) WIFE of	ed, or dive	eorge H.	Evans			CERTIFY, That latten	
	About 91	yrs.	Months	cember 18 Days	If LESS than 1 day,hrs.	I last saw h.er alive on _QC to have occurred on the date stated a The PRINCIPAL CAUSE OF DEATH ware as follows:	abova, at 3:15 Ame	32; death is said
OCCUPATION	9 Industry or I work was SAW MIL 10. Data dacease this occur	ork done, BOOKKEE business in dona, as S L, BANK, (as SPINNER, PER, etc	Home	ime (yaars) nt in this ipation Unknown			About 4 yrs
	BIRTHPLACE (cit		Unknown Marylan	d		Othar Contributary Causes of imports	ance:	
TER	13. NAME	Alfre	ed Lowe					
FATHER	14. BIRTHPLACE (Stata or		wn) Unknor Irela	wn nd		Name of operation What tast confirmed diagnosis?		4
HER	15. MAIOEN NAI	ME	Liza Dow	ney		23. If daath was due to external cause	s (VIOLENCE) fill in also tha follo	wing:
MOTHER	16, BIRTHPLACE (Stata or	(city or to	Wn) Unkno	wn nd		Accidant, suicide, or homicida? Where did injury occur?		
17.	INFORMANT (Address)		S.Hospit ambridge		ls	Spacify whathar injury occurred In I	(Specify city or town, county and NOUSTRY, In HOME, or in PUBLIC	C PLACE.
18.	BURIAL, CREMAT		REMOVAL Lle Ma	1. Date Oct	1 19 ,1932	Mannar of injury		
	UNDERTAKER (Address)	Ben 117.	ft H trevel	Eddi EKN	d. Polff Registrar.	24. Was disease or injury in any way If so, specify (Signed) (Address) Cambri		? No errem. d

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis Chronic interstitial nephritis Combral homomorphase	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE	OF	MARYLAND-	CERTIFICATE	OF	DEATH
DEATH			(97)		

1. PLACE OF DEATH				10871
County Dorchester			Registration Dist. No.	6
Village or City Hudson, M	d.		No. St.	Ward
Length of residence in city or town where deat	h occurred 56	(I) yrs7mos	NO. St., f death occurred in a hospital or institution, give its NAME instead of street and s. IO ds. How long in U.S. if of foreign birth? yrs.	number) mosds.
2. FULL NAME Emily Eva	Howar	đ.		
(a) Residence: No. Hudson	, Md . (Usual place of		St., Ward. X	7/20000000000
PERSONAL AND STATISTIC			If nonresident give city or town an MEDICAL CERTIFICATE OF DEATH	d State
	SINGLE, MARK	RIED, WIDOWED,	21. DATE OF DEATH	
Fenale White	OR DIVORCED	(write the word)	October 23rd	, 1932
5a. If marriad, widowed, or divorced HUSBANO of			(Month) (Day)	(Year)
(or) WIFE of George H. Ho	ward.		22. I HEREBY CERTIFY, That i attended	
e DATE OF DIDTH (TOTAL) . 7/T	ZITORE		, 19, to	
6. DATE OF BIRTH (month, day, and year) 3/1 7. AGE Years Months	Days	If LESS than	to have occurred on the data stated above, at II.25 mP. M.	; death is said
56 7	TO	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profession, or particular		ormin.	ware as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, HOU SAWYER, BOOKKEEPER, etc	se Wor	k	acute Myocardial Jarlune	10-23-3
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	x			
1 10 Data despected last worked at	11. Total tin	ne (vears)		
this occupation (month and /23/3	2 spant	tin this 36		
12. BIRTHPLACE (city or town) Hudson,			Other Contributory Causes of importance:	
	land.		The second	
13. NAME Wrightson Spedd	en			
	son,		Name of operation Com Date of	
	arylan	d	What test confirmed diagnosis? Was there an	
15. MAIOEN NAME Claira Sped			23. If death was due to external causes (VIOLENCE) fill in also the followin	g:
16. BIRTHPLACE (city or town) Hudso	n.		Accident, suicide, or homicide? Date of injury	, 19
Occasion II	yland.		Where did injury occur? (Specify city or town, county and Sta	ite)
17. INFORMANT George H. ow (Addrass) Hudson, Var	yland.		Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR REMOVAL			Manner of injury	
Place James, Md.	DateIO/	25/329	Nature of Injury	
19. UNDERTAKER Granville S.	LeCom	pte.	24. Was disease or injury in any way related to occupation of deceased?	no
(Address) Cambridge,	Maryl	and.	If so, specify	
20. FILED (Oct, 25, 19 32 8	EW	alf	(Signed) Uylulul Jaw	M. D.
		Registrar.	(Address) 138 Kaca II lamberd	gy Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		S S VIBORE	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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1	Jo u	plno	220
	iten	sh	Jo
	RD. Every	YSICIANS	statement
	r RECO	Y. PH	Exact
MARGIN RESERVED FOR BINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
FOR B	IS A PE	stated E	properly
G	HIS	be	be
SERVI	NK-T	plnods	it may
N KE	I DNIC	AGE	so that
ARGI	UNFAI	upplied.	terms,
1	WITH	efully s	in plain
	LAINLY,	uld be car	F DEATH
1	-WRITE P	mation sho	CAUSE OI

V. S. No. 1

19. UNDERTAKER (Address)

	STATE OF MARYLAND—	CERTIFICATE OF DEATH	12
	Domohoutom	91-0	
	overity	Registration Dist. No.	
	Village or City Vienna R. A.	No. St., death occurred in a hospital or institution, give its NAME instead of street and number)	_Ward
1	./	ds. How long In U.S. if of foreign birth?yrsmos	
1	2. FULL NAME Doris Esther	Hughes	
1	(a) Residence; No. Juma R. S.	St., Ward.	
	(Usual place of abode)	If nonresident give city or town and State	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	St. or other Park
	3. SEX 4. COLOR OR RACE Female white S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH Oct. (Month) 28 (Day) (Ye	2 ear)
	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended decease Oct. 25	
e e	6. DATE OF BIRTH (month, day, and year) Oct. 21.1927	I last saw h.er. alive on Oct, 28 32 death	
certificate	7. AGE Years Months Days If LESS than 1 day,hrs. orhrs.	to have occurred on the date stated above, at . 1. A. Mrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
back of cer	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Endocarditis, Acute Oct	ofonset 1937
	The state of the s	forobably due to infected tonsile.	
instructions on	12. BIRTHPLACE (city or town) Vienna (State or country) Md.	Other Contributory Causes of importance:	
Istr	# 13. NAME John W. aughes		
See ir	14. BIRTHPLACE (city or town) Vienna (State or country)	Name of operation Date of Was there an aulopsy?	
نہ	15. MAIDEN NAME Bessie Hurley	23. If death was due to external causes (VIOLENCE) fill in also the following:	
important.	16. BIRTHPLACE (city or town) Vienna (State or country)	Accident, suicide, or homicide? Date of injury, 19	9
very imp	17. INFORMANT John W. Hughes (Address) Vienna, Md.	Where did Injury occur?	
is.	18. BURIAL, CREMATION, OR REMOVAL Place Delimina Date Ost 29, 1932	Manner of Injury	
TION	19. UNDERTAKER Melloughy & Son	24. Was disease or Injury In any way related to occupation of deceased?	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

If so, specify (Signed)

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BODA				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		*		
			1	

ADDITIONAL SPACE FOR FUI	THER STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	The state of the s	OF DEATH III plain terms, so that it may be properly classificate transfer and the property of
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County		Dorch	ester.		Registration Dist. No.	116		
Village or C			idge, Mo	(lf	No. death occurred in a hospital or institution, give its NAME instead of	St., War		
2. FULL NA (a) Residen		Susi High	St.		St., Ward. If nonresident give city or	town and State		
PERSON	IAL AND	STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DE	ATH		
Female	4. COLOR	OR RACE	5. SINGLE, MARI OR DIVORCE Sing	RIED, WIDOWED, O (write the word)	21. DATE OF DEATH Oct. 9,1932 (Month) (Day)	, 193 Z (Year)		
. If merried, widow HUSBAND of (or) WIFE of	(month, day, a	and year)	Mar.2			9 , 1911 , 1932; deeth is s		
AGE Yes	50	Months 7	Deys 7	If LESS then 1 day,hrs. ormin.	to have occurred on the date steted above, at. 9. 30 RaM. The PRINCIPAL CAUSE OF DEATH and releted causes of importuere es follows:			
2. BIRTHPLACE (ci	ity or town)	d at yahd yang	1.93 Z spar	ime (yeers) ntin this upetion 20 yr	Other Coutributory Causes of importence: Classensona LJA Crass semoved	¥ 1918		
	E (city or town	11, 7, 95,	Hurlock.	Md.	Neme of operation	Dete ofthere an autopsy?		
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Mrs. Geo. Woolford					23. If deeth wes due to externel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?			
(Address) 8. BURIAL, CREMAT	TION, OR REI	mhride	e, Md.	,11,1932.	Menner of Injury			
9. UNOERTAKER(Address)		ambrid	lbaugh.		24. Wes disease or injury In any way related to occupation of dec If so, specify (Signed)	eased? Mo		

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1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy,	1 week ago
1921	Run over by street ear	1 week ago
July 5,1927	Peritonitis .	3 days ago
1	2	
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	.EMP210cm .New .TT1	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy, 1921 Run over by street ear July 5, 1927 Perilonitis Other contributory causes of importance:

ould state	1. PLACE OF DEATH County Corclister	Registration Dist. No. //6
sh	Village or City Cambridge (16	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
ICIANS	2. FULL NAME (a) Residence: No. (Usual place of abode)	ds. How long in U. S. If of foreign birth?ds
PHYS Exact sta	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Exa	3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
X A C T I	5a. If married, widowed, or divosced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended daceased from
stated EX properly cla	6. DATE OF BIRTH (month, day, and year) / 0 / 17 / 3 Z 7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	I last saw h alive on
should be t it may be on back of	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 11. Total time (years) spant in this occupation (month and year)	Stellbon - Came untilled Seem by me after bires) Delhar Contributory Causes of Importance:
pplied. terms, so instruction	12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Data of
be carefully EATH in pla important.	(State or country) 15. MAIDEN NAME Diny Mae Journ 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT	What test confirmed diegnosis?
shoul 3 OF	18. BURIAL, CREMATION, OR REMOVAL Place 18. Date / 4/7/3 - 19	Mennar of Injury
mation CAUSE TION is	19. UNDERTAKER SLEEN WAY.	24. Was disease or injury In any way related to occupation of deceased?
ż	20. FILED Oct. 17, 1932. E. E. Wolff Registrar.	(Signed) M.

STATE OF MARYLAND-CERTIFICATE OF DEATH

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	Example I	40 - 70 - 10 - 10 - 10 - 10 - 10 - 10 - 1	Example II	
The principal cause of of importance were as Arteriosclerosis	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephr	ilis , , , , , , , , , , , , , , , , , , ,	1921	Run over by street car	1 week ago
Cerebral hemorrhage	MCA. A There	July 5,1927	Peritonitis	3 days ago
	PILLET A.B	3		
Other contributory can	ises of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

	D-CERTIFICATE OF DEATH 10875
1. PLACE OF DEATH	24) 112
County Dorchester	Registration Dist. No.
Village or City Caylor's Blan	ND. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city of town where death occurredyrss_	3mos. 2 /_ds. How long in U.S. if of foreign birth?wrsmosds
2. FULL NAME for Me dann	odu for
(a) Residence: No. Taylor's Islama (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDO OR DIVORCED (write the	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
4	19, 7 19, 12 to Clest 1 19, 32
	928 I last saw Keen elive on Jeff J. 1922; deeth is said
7. AGE Years Months Deys II LESS 1 day, or and or and or and or an arms.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Meningetis Lett 27
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Oate deceased last worked at this occuration (month and	
SAW MILL, BANK, etc.	Outercular?
this occupation (month and year) coupation	
14 PURTURE ACT (situations)	Other Centributery Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	1931
13. NAME for A. Lamba	in They was the same of the sa
13. NAME for cl. dand as	Name of operation Provide Date of
(State or country)	What test confirmed diagnosis? Clairs cal . Was there an autopsy? He
15. MAIDEN NAME Senta M. Horses	ua. 23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Litta M. Horses 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Oate of injury, 19
X (State or country)	Where did Injury occur?
17. INFORMANT Da. C. Kombata	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL Land Cent 7	Manner of Injury
19. UNDERTAKER Donald Ryllony	24. Was disease or injury in any way related to occupation of deceased?
(Address) (MUCH) (MCC)	to so, specify

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

certificate.

See instructions on back of

TION is very important.

-WRITE PLAINLY,

V. S. No. 1

of OCCUPA-

10876

1	. PLACE O	F DEAT	ГН			(83)	
	County	Dorch	ester			Registration Dist. No.	16
	Village or C				Md (16	Notastern Shore State Hospital St., death occurred in a horpital or institution, give its NAME instead of street and 4 ds. How long in U.S. if of foreign birth? yrs. m	Ward
	. FULL NA			T. LeCa			05u5.
•			alisbury	**	nd	St., 5 Ward. If nonresident give city or town and	Sala
per Personal	PERSON	ALAN	D STATIST			MEDICAL CERTIFICATE OF DEATH	· ·
	Male Male	Whi			RRIED, WIDOWED, ED (write the word) ated	21. DATE OF DEATH October 7, (Month) (Day)	, 193_2 (Year)
6.	If married, widow HUSBAND of (or) WIFE of DATE OF BIRTH (AGE Yaa	(month, day	Amy Eliza , and year) On Months	ctoher 3		22. I HEREBY CERTIFY, That I attanded October 4, 1932, to October 7, I last saw h im alive on October 7, 1932 to have occurred on the date stated above, at 4:33A sm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance	19 32
	44 8. Trada, profas	ssion or na	11	1 8	l ormin.	ware as follows:	Date of oneet
OCCUPATION	9 Industry or work was SAW MIL 10. Data decass this occup	business in s done, as S L, BANK, e	ILK MILL, tckad at ith and	Baker Baker 11. Total	tima (yaars) nt in this upation Unkn .	General Paresis of the Insane	About 18 mos.
12.	BIRTHPLACE (cit (State or coun		Nr. Ge	eorgetown		Other Contributory Causes of Importance:	-
FATHER	13. NAME 14. BIRTHPLACE (State or	(city or to	mas LeCat wn) Sussem Del			Name of operation Date of What tast confirmed diagnosis? Was there are	
MOTHER	15. MAIDEN NA 16. BIRTHPLACE (State or	(city or toy	lnora Jor wn) Nr. Bi		le	23. If daath was dua to axtarnal causes (VIOL ENCE) fill in also tha following Accidant, suicide, or homicide? Data of Injury Where did Injury occur?	:
17.	INFORMANT _ E (Addrass) C		Hospital	Records		(Specify city or town, county and Stat Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	e) ACE.
18.	BURNAL CREMAT	4 Mus	Morio /	2 kg 04	1.9. 1932	Manner of Injury	
	UNDERTAKER (Addrass)	Sal	ellow	7 the	yland.	24. Was disease or injury In any way related to occupation of decaased? IN (Signed)	o Jul M. D.
a.v.			J			Cambri Vge	

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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3-days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1311

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 10877
1. PLACE OF DEATH	92-0)
County Alaukerlie	Registration Dist. No.
Village or City Church Creek M	echo. St., Ward
0	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredwrs	ods. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME/lickurd fee & 1	seller
(a) Residence: No. Church Crush Ch	W. St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOB/OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH
OR DIVORCED (write the word)	L. DATE OF DEATH (LET 18 102 2
So If married wildowed or discoord	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That I attended deceased from
follet fulling	, 19 , , to, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19
6. DATE OF BIRTH (month, day, and year) May 28-1850	I last saw h wie on A 19 15, 19 32; death is said
7. AGE Years Months Days If LESS than.	to have occurred on the date stated above, atm.
77 5 20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Locator SAWYER, BDDKKEEPER, etc.	0
SAWYER, BODKKEEPER, etc.	Vel Hoor divare
9-Industry or business in which work was done, as SILK MILL, Producing Polypour	
() to Date deceased last worked at	
this occupation (month and pod 17) spent in this 45	
Church leuch	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Rechard Limber	,
13. NAME Liebard Jullier 14. BIRTHPLACE (city or town) Church Cre &	March March
(State or country)	Name of operation Date of
15. MAIDEN NAME LUS on Line len	What test confirmed diagnosis?
15. MAIDEN NAME & LES ON Tructler	Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT Lulton Light Line	(Specify city or towo, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Clinich Clerk mil	nne
18. BURIAL, CREMATION, OR BEMOVAL	Manner of injury
Place Court Greek Date 20 ,1927	Nature of injury.
19. UNDERTAKER Dorwell Rufyselson	24. Was disease or injury in any way related to occupation of degeased? W
(Address) dunch buck	If so, specify
20. FILED Oct. 1919 32 E. E. Wolff	(Signed) M. D.
20. FILED	(Address) Cambings Mil

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ADDITIONAL	SPACE F	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PLACE OF DEATH County Dorchester			(122-E)	CERTIFICATE	MARYLAND 68 E OF DEATH
Villa	ge or City Vienna, R.	D. (No.		St.;) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
	PERSONAL AND STATIST	CAL PARTICULARS	MED	ICAL CERTIFICATE	OF DEATH
3 S Ma		5 SINGLE, Married. MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEA	October 14 (Month)	th.,1932,.192 (Day) (Year)
6 D.	ATE OF BIRTH OCTOBER (Month	13th., 1858.	October 1	3" 19232 to QC im alive on Octo	tober 13"1932 ber 13th.,1932.
7 AG		The CAUSE OF DEATH & was as follows: Intestinal obstruction. Not make and mont. Implicated faces: had not had a boust			
(a)	Trade, profession or articular kind of work		movement	Cor a week. compared to the control of the control	yrs mos 5 ds. k of food &
IO NAME OF FATHER Unknown. II BIRTHPLACE OF FATHER (State or country) Unknown. I2 MAIDEN NAME		(Signed) State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidentsl, Suicidal or Homicidal.			
					PAR
13 BIRTHPLACE OF MOTHER (State or country) Unknown.			At place of death yrs Where was disease co	entracted.	he ate,yrsmoeda.
14 1	the above is true to the B		if not at place of death Former or usual residence	1 ?	
	(Address) Vienr		cambridg	RIAL OR REMOVAL	October 15"/32
15 F	Filed Oct., 14" 19232.	lisabeth It braft Registrate	20 UNDERTAKE		Address Cambridge, Md.
	If more blanks are n	eeded, address State Registrar.	16 W. Saratoga S	t. Balto. Requesting	V. 8 No. 1

(Approved by U. S. Census and American Public Health Association.)

Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it n..ture of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery; ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Woner," etc., without more precise specification as Day worked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material state occupation at beginning of illness. If retired from or given up on account of the disease causing DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enwhatever, write None. isred 6 yrs.). :siness, that fact may be indicated thus: Farmer (re-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully em-For persons who have no occupation

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted the term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia."):

quences (e. g., sepsis, tetanus) may be stated under the mges, peritonacum, etc., Carcinoma, Sarcoma, etc., of head of "contributory." (Recommendations on stateconditions, such as "Asthenia," "Anaemia" ary), 10 ds. causing death), 29 ds.; Bronchopheumonia (secondstated unless important. Example: Meastes (disease Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Meastes; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mensymptomatic), "Atrophy," "Collapse," "Coma," (secondary or intercurrent) Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on and qualify as accidental, suicidal, or homicidal, or taken. For VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"Purperal septicaemia," "Puerperal peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsions," "Debility" ("Congenital," "Senile," etc.), Whooping cough; Chronic valvular, heart disease; ture of the injury, as fracture of skull, and consetrain-acoldent; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. Poisoned by carbolic acid-probably suicide. The na-Never report mere symptoms or terminal affection, need not be (merely

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVE	THEUNFADING INK-TH	mation should be carefully supplied. AGE should	CAUSE OF DEATH in plain terms, so that it may	Soo inctructions on book
V. S. No. 1	N. BWRITE PLAINLY, WITH UNFADING INK-TH	mation should be carefu	CAUSE OF DEATH in 1	TION is very important See instructions on book

2

	STATE OF MARYLAND—	CERTIFICATE OF DEATH 10879
1	County Or Charles Constants Lights	(210-9)
/	0	Registration Dist, No. // 6
	Village or City White	ND. Carefurdy MM St., Ward death occurred in a horpital or institution, give its NAME interest and number)
	Length of residence in city or town where death occurredyrsmos	
	2. FULL NAME Ernest Marshall	
	(a) Residence: No. Cabrin Creek	St. Ward.
	(Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
	male White divorced	(Month) (Day) (Year)
	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. hHEREBY CERTIFY, That b attended deceased from
	(or) WIFE of Grace Lyons	1049 192 00 10910 1931
te.	6. DATE OF BIRTH (month, day, and year) Jaw. 4-1881	last saw h alive on 10 16 , 1934; death is said
certificate	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 40 (),m,
erti	3-1 9- 1-12 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
of c	8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc	Data of office
	TI SAWIER, BUDANEEPER, etc	traction of bound 10/9 to
back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	1 sural
no	10. Date deceased last worked at this occupation (month and, spent In this	
	year) Oct 143.2 occupetion 30	Dther Contributary Causes of importance:
instructions	12. BIRTHPLACE (city or town) East New Market	Paralysis molin Renon
tru	(State or country) blorchestin Co. ma	front want down
	13. NAME John H Marshall	Λ
See	AMS BIRTHIPEACE (city or rown)	Name of operation Therefore Date of 10 10 10
	(State or country) War Children Co. My	What test confirmed diagnosis? Was there an autopsy?
important	15. MAIDEN NAME Schale K. Colbourne	23. If death was due to externel causes (VIOLENCE) fill in also the following:
oort	(Stete or country)	Accident, suicide, or homicide? abailint Date of injury 1099, 1932
imi	1 20 1	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE,
ry	17. INFORMANT Cafet Claules H. Mars have (Address) Carrelandie ma.	Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE
is very	18. BURIAL, CREMATION, DR REMOVAL	Manner of injury Dracery of Spenil retrine
	Place Fasther Markey Date Old 18, 19.2	Nature of Injury
LION	19 UNDERTAKER H. H. Willowal ly	24. Was disease or injury in any way related to occupetion of deceased?
H	(Address) Sasavel Market	if so, specify
T	20. FILED Class 17, 1932 EEWolff	(Signed) Line Stille A M.D.
-1	Registrar.	(Address) Cauching Mil
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death, As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	and the state of t	Example II	4
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related caus of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		GEVEDSE	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PATRICALLY OF LOSS THAN STITEMENTS ON LIBERTATION DAY DEVELOPOR LA

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		71		

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10880
1. PLACE OF DEATH	119)
county Deschrolin	Registration Dist. No. / / O
Village or City hear Itersloads	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	death occurred in a horpital or institution, give its IVAIVIE, instead of street and number) ds. How long in U.S. if of foreign birth?yrs,mosds.
2. FULL NAME Emply trundred mclass	an
(a) Residence: No. Philaphilathia Pa	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX / 4. COLOR OR RACE 5. GINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
Queles 1479932	9/26 ,1932, to ,1932 ; death is seld
6. DATE OF BIRTH (month, dey, and yeer) 7. AGE Yeers Months Deys If LESS than	to heve occurred on the dete steted above, at . 7 m.
12 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
9 Trade profession or particular	Chalera Maulence Date of onset
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	9/24/32
S. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	
kind of work done, as SPINNER, NOWN SAWYER, BOOKKEEPER, etc. J. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decessed last worked at this occupetion (month and yeer) yeer) 11. Totel time (yeers) spant in this occupation.	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(Stete or country) Hun locky Vorehisher la	
13. NAME COREST Meloling	
14. BIRTHPLACE (city ofrown)	Name of operation Date of
(State of country)	Whet test confirmed diagnosis? Was there an autopsy?
I 15. MAIDEN NAME JYOURN MACHILLING	23. If death was due to externel causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME HOLRIGATIONS 16. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME HOLRIGATIONS 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Mary & Tychologo	Where did Injury occur?
(Address) Ausbelta 1 H dll 18. BURIAL, CREMATION, OR REMOVAL	
Plece Washinglow Em Date Pit 4 , 1982	Menner of Injury
19. UNDERTAKER 4 60 Williams holy (Address)	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED Get 3 1982/12 Hasting A Registrar.	(Signed) Moges Mayers M. D.
Regultrar.	(Address) U I tuskoel Md

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter. machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salcsman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilensu 1915 1 week ago Chronie interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 uear

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AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	210-11
county or Cheslin	Registration Dist. No. 116
Village or City Cambridge 12.70	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME Funge Me Finn (a) Residence: No. Acombany MM	ds. How long in U. S. If of foreign birth?yrsmosdsds
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SHIGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
Muli White OP DIVORCED (write the word)	(Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of When Williams Williams	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Thurn	last saw h the other on 9- 19 3 th death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
30 alm. 1 day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, by lumin of work done, as SPINNER, by lumin or SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, by lumin or lumin or saw mill, BANK, etc. 10. Data deceased last worked at this occupation (month and the last same in this work was same in this work.	traction ofcernal Valetin 2/9-34
11. Total time (years) this occupation (month and the years) spent in this occupation (month and the year) 12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of Importanca:
13. NAME June 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Nama of operation Date of Date
	What test confirmed diagnosis? Was thara an autopsy?
15. MAIDEN NAME Floring Philips 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT (Addrass)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place 4.1. Man L. M. Date Per 1 (19.37	Manner of injury Fraction of Cemeral Valution
19. UNDERTAKER 15-75 Willingthe (Address) Cary mu mmy - mml	24. Was disease or injury In any way related to occupation of daceased? When If so, specify PA
20. FILED Cet 9, 1932 E, E. Walff.	(Signed) * Our M.D. (Address) Our Level of Med

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example I	100	Example II	
The principal cause of importance were		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	MECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial neg	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	NOV 7 1932	July 5,1927	Peritonitis	3 days ago
	BUHRAU V.S.	1		
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	18.00	(20)	
County Dorchester	Composite cimire of	Registration Dist. No. II6	
Village or City Cambridge,	Maryland.	No. Cambridge Maryland Hospital Ward	
Length of residence in city or town where de	eath occurred 2 vrs I mos	death occurred in a hospital or institution, give its NAME instead of street and number)	
25	Henry Mowbray Jr	,	
F.O.O. M.	centon Freet.	0.000	
(a) Residence: No. 500 Tr	(Usual place of abode)	St., Ward. 5 XXXXX If nonresident give city or town and State	
PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant	21. DATE OF DEATH October Ist, 1932 (Month) (Day) (Year)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of NONE		22. HEREBY CERTIFY. That I attended deceased from	
6. DATE OF BIRTH (month, day, and year) 8/2	26/30.	I last saw hour alive on Old 1937; death is said	
7. AGE Years Months 2 I	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	lone	Cuten - Calities 9-16-32	
Kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Date deceased last worked at this occupation (months and			
D. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) Cambrid (State or country) Marylan		Other Camtributery Causes of importance:	
13. NAME Morris H. Mor	wbray.		
The state of the s	oridge, cyland.	Name of operation Date of	
五 15. MAIDEN NAME Hilda Vir	ginia Dillon	What test confirmed diagnosis? Was there an autopsy? Was there an autopsy? Was there an autopsy?	
15. MAIDEN NAME Hilda Vir		23. If death was due to external causes (VIDL ENCE) fill in also the following: Accident, suicide, or homicide?	
17. INFORMANT Morris H. Mov (Address) Cambridge.	wbray. Maryland.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, DR REMOVAL Place Cambridge, Md.		Manner of injury	
19. UNDERTAKER Granv lle S (Address) Cambridge		24. Was disease or injury In any way related to occupation of deceased?	
20. FILED Oct. / 1932 &	Registrar.	(Signed) Wylle M Fay M. D. (Address) 3 F Rose S	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Peritonitis Cerebral hemorrhage Julu 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

1 "

V. S. No. 1 N. B.—

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	10853
County Dorchuter	Registration Dist. No. 1/9
Village or City Deshops Thead -	No. St, Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsds.
B. 1	Me do
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE Note of RACE Note of RACE OR DIVORCED (write the word)	21. DATE OF DEATH S 193 (Year)
5e. If married, widowed or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Deys If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 7-40 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc 10. Dete deceased last worked at	
O Dete deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation occupation 12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country) Many Land	Julyst.
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Class Bon Bon	-23. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT PLANT FOR MANY MANY MANY MANY MANY MANY MANY MANY	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Place Date 10/9/3,19	Manner of injury
19. UNDERTAKER (Address) 19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED OCT 9 , 1992 Wilson & Pritchell Local Registrar.	(Signed) The Access M. D
· If more blanks are needed, address State Registrat,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		THE ALTERNATION	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND	CERTIFICATE OF DEATH 10009
1. PLACE OF DEATH	116
County Duchester	Registration Dist. No.
Village or City Carnhulge	NoSt.,
	ds. How long in U.S. if of foreign birth?yrsmos ds.
2. FULL NAME Luke Trisholus	
(a) Residence: No. 5-2 Machineter (Usualbiace of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (regrice the word)	21. DATE OF DEATH (Month) (Oay) (Yaar)
Sa. If married, widowad, or divorced HUSBANO of (or) WIFE of HUSBANO OF	22 LI HEREBY CERTIFY, That I attended daceased from
6. DATE OF BIRTH (month, day, and year) axil 15-1872	I last saw h. aliva on Cert 28 , 1932; danth is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at \$:00 a.m.
60 4 /3 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importance
8 Trade profession or particular	Date of one of
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, atc.	Benien. Cypstitis 1 1932
9. Industry or business in which work was done, as SILK MILL,	Mudrin 1 10.25-3
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, atc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occuration (when hand) 47 27 27 28 29 21 11 this	
this occupation (wenth and 3 2 spent in this occupation	
12. BIRTHPLACE (city or town) antiak	Other Contributory Causes of importanca:
(State or country) Statute Co Fred	
14. BIRTHPLACE (city or town)	
4. BIRTHPLACE (city or town) (State or country)	Name of oparation Date of
	What tast confirmed diagnosis? Was thera an autopsy? No
15. MAIDEN NAME Jack Jerkins 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, sulcide, or homicide?
The said of the sa	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Addrass) 535 W Biddle St Balls Try	Specify whather injury occurred in INDUSTRY, in NOME, of in FODELO FLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place Cambridge Data Oct. 31, 1932	Nature of injury
19. UNDERTAKER Lewis Burnem. (Address) Cambridate, Md.	24. Was disease er injury in any way ralated to occupation of deceased?
20, FILED Och. 31, 19 32 18 2 Nolsy Reissrar.	(Signed) Challe MS Clau M. D. (Address) Challe Mad
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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9.—The industry or business in which the work was done.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	З даув идо	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

	1. PLACE OF DEATH					(/3/)	
	County Dorchester					Registration Dist. No	
	Village or City R.F.D. Cambridge, Maryla					nd No. X	Ward
	Lauret	h =6 == 14 == - 1	n city or town where	r	, (1	f death occurred in a hospital or institution, give its NAME instead of street and r	number)
						sX ds. How long in U.S. if of foreign birth?yrsme	osds.
1			Frederi				
	(a) F	Residence: No	R.F.D C			St., Ward.	
-	PEF	RSONAL A	ND STATIST	(Usual place		If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	Stote
3.	SEX		LOR OR RACE		RIED, WIDOWED,	21. DATE OF DEATH	
	Male		Nhite	OR DIVORCE	D (write the word)	October 31st. (Day)	193 2
-			diversed.	Lattowe		(Month) (Day)	(Year)
	(or) WII	d, widowed, or on the ND of The FE of	Tate Al:	inda Woo	lford.	22. HEREBY CERTIFY, That I attended	deceesed from
-						ach 12 1937, to Och 31	, 1937
-		BIRTH (month,	day, and yeer)	1/I6/ In	1868	I lest saw ham alive on Oel 31,1932	; death is said
7.	AGE	Years	Months	Deys	If LESS than	to have occurred on the date stated above, at 4.00 m, A. M.	
		50 6	7 6	I5	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	1016
Z	8. Trede	e, profession, o	r particular			Severalized arteris seleva	Date of onset
TIO			ne, es SPINNER.	ired Fa	rmer	Chronic replaitie	-
OCCUPATION	9 Indus	stry or busines fork was done, SAW MILL, BAN	s in which as SILK MILL,	x		Zumia	10-21-35
S	10 Date	decaseed last	worked at	11. Total t	ime (yeers)		
0	(t	his occupation (month and TOPA	spe	ntin this 56		
					Other Contributory Causes of importance:		
12.	. BIRTHPL. (State	ACE (city or toy	orcheste	er Co. N	arvland		
œ	13. NAMI	_	es North				
FATHER	-					Name of apprecian Totals	
FA	14. BIRT	HPLACE (city o State or country	o Dorches	ster Co.	Maryland	Maine of operation	
2			Elizabeth			What test confirmed diagnosis?	
MOTHER				r Decount		23. If death was due to external causes (VIOL ENCE) fill in also the following	
M	16, BIRTI	HPLACE (city o	town)	er Co.	Maryland	Accident, suicide, or homicide? Date of injury	, 19
(Stete or country) Dorchester Co. Maryland.				,	Where did injury occur? (Specify city or town, county and State	2)	
17. INFORMANT Euginia North. (Address) R.F.D. Cambridge, Maryland				To man I man I	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLA	ICE.	
18.		CREMATION, OI		TTUES.	Maryland	Manager of Latino	
Place Castle Haven, Monte II/2/32			Monte II	12/32,	Manner of injury		
		OD 41	TITTT'S O	TOCOLO		Nature of injury	
19. UNDERTAKER GRANVILLE S. IECONPTE.			MARVIAN	D.	and the second of the second o	w	
					2011	(Signed) Wyle M. Faw	
20.	FILED_	rov.2	., 19 32	C.M	ag !	ACD SI	M. D.
1					Registrar.	(Address) 938 / Cace) V. Cacubres	January.

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Example I	d-d-d-d-d-d-d-d-d-d-d-d-d-d-d-d-d-d-d-		Example II	
The principal cause of death and related causes of importance were as follows:		The principal eause of death and related causes of importance were as follows:		Date of onset
Arteriosclerosis	1915	Attack of cpitepsy	ZERI L- AON -	1 week ago
Chronic interstitial nephritis	1921	Run over by street car		1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	RECEIVED	3 days ago
Other contributory causes of importance:		Other contributory c	auses of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

of OCCUPA-

Exact statement

certificate.

See instructions on back of

mation should be

CAUSE OF D

STATE OF MARYLAND—CERTIFICATE OF DEATH 10886

1. PLACE OF DEATH	46)
1. PLACE OF DEATH County Dorchester.	Registration Dist. No. // 6
Village or City Cambridge, Md.	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) Output Output
	and the state of t
2. FULL NAME John A. Phelps.	
(a) Residence: No. Race St. Extd. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
Male White OR DIVORCED (write the word)	Qet, 7,1932, 193 (Year)
5a. If married, widowed, or divorced HUSBAND of	22. 1 HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Helen Booze.	19 to 19 19 19 19 19 19 19 19 19 19 19 19 19
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hrs. ormln.	to have occurred on the date stated above, a 10.45 mA.M. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, which was done, as SILK MILL, which work was done, as SILK MILL, which was done, as SILK MILL, which work was done, as SILK MILL, which was done, as SILK MILL, w	Concerned of Perlin 24000 1000 1000 1000 1000 1000 1000 100
12. BIRTHPLACE (city or town) Cambridge Md	Other Coatributory Causes of importance:
13. NAME Francis F. Pholps. 14. BIRTHPLACE (city or town) Cambridge, Md.	Nama of operation Data of What test confirmed diagnosis? Wes there an eulopsy?
当 15. MAIDEN NAME Mary Springer.	23. If deeth wes due to externel ceuses (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Mary Springer. 16. BIRTHPLACE (city or town) Cambridge, (State or country) Md.	Accident, suicide, or homicide?, 19, 19, 19, 19
17. INFORMANT Joseph Phelps (Address) Secretary Nd.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Cambridge Dete Oct, 8, 1932.	Menner of injury
19. UNDERTAKER Frank E. Albaugh. (Address) Cambridge, Md.	24. Was disease or Injury In any wey related to occupation of deceased?
20. FILEO Oct. 8, 19 32 E. E. Wolff-Registrar.	(Signed) Cauchily, M.D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I The principal cause of death and related causes Date of onset of importance were as follows:			Example II		
			The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	NOV 7 1939	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BURTATT V.	July 5,1927	Peritonitis	3 days ago	
1					
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
			A		
			<u> </u>		

1. PLACE OF DEATH	W. Talla	(82-al)		
County Porchests	THIS BORFORATE.	da	Registration Dist. No.	116
Village or City Cambai	he med:	No.	St	t.,Ward
11111111111111111111111111111111111111	11 1000	f death occurred in a hospital or institu		t and number)
Langth of residence in city or town where de	occurred Let 41 Life mos	sds. How long in U.S. If o	f foreign birth?yrs	mosds.
2. FULL NAME many	Evelyn Va	rter		
(a) Residence: No. 22//1	Hung.	St., Ward.		
	(Usual place of abode)	V-5-044	If nonresident give city or tow	
PERSONAL AND STATISTIC			ERTIFICATE OF DEAT	TH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	1.7 6	?
strate While	manuel	-	(Month) (Day)	(Year)
5a. If married, widowad, or divorced HUSBAND of	D /	22. I HEREBY	CERTIFY. Thet I atte	anded deceased from
(or) WIFE of Jame W	my forthe	Oct 7	1952 to Cect.	7 19.52
6. DATE OF BIRTH (month, day, and year)	100	I last saw here alive on	m + h	J. 2: death is said
7. AGE Years Months	Days If LESS than	to hava occurred on the data state	ed above, et 10.450 m.	
almit. 42	I dey,hrs.	The PRINCIPAL CAUSE OF DEAT	TH and raleted causas of Importence	
8 Trade profession or particular	ormin.	were es follows:		Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	Morsinte.	Berebral	Haemoriha	es Cect 7
9 Industry or business in which			0	
work was done, es SILK MILL, SAW MILL, BANK, etc				
SAW MILL, BANK, etc	11. Total time (years) spant in this			
year)	occupation	Other Contributory Causes of impo	ortance.	
12. BIRTHPLACE (city or town)	mile mel.	Stiles oralinately course of himp	ntuno.	
(State or country)				
13. NAME Thomas	Vijona			
13. NAME 14. BIRTHPLACE (city or town)	1//	Name of operation	none Date	e of
(State or country)	W.	Whet test confirmed diagnosis?	climical Was ther	re an autopsy?
15. MAIDEN NAME Evalua	Ishs.	23. If death was due to axternal car	uses (VIOLENCE) fill in also the fol	llowing:
15. MAIDEN NAME Frales	1	Accident, suicida, or homicida?	Dete of injury	, 19
≤ (Stata or country)	76	Where did injury occur?		
17. INFORMANT MAS 440 F	trant,	Specify whether injury occurred i	(Specify city or town, county an INDUSTRY, in HOME, or in PUBL	id State) IC PLACE.
(Addrass) Camb	do mos			
18. BURIAL, CREMATION, OR REMOVAL	1000	Manner of injury		
Piace Carachista, and	Date (1179 , 192	Nature of injury		
19. UNDERTAKER IT AND G:	Altanth	24. Was diseese or injury in any w	ay related to occupation of decease	ed? 210
(Address)	h mile	If so, specify		
20 FUED (Oct 8 :0 32 /	E. E. Wolfs	(Signed)	17. Ohrive	1 /1 M. D.

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address)

V. S. No. 1

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.'

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
NOV 7 1932	i i		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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N. B.-WRITE

V. S. No. 1

See instructions on back of certificate.

TION is very important.

of OCCUPA-

Exact statement

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10888
1. PLACE OF DEATH	(39-E)
County Dorcheston	Registration Dist. No. 116
Village or City Cambridge, R. F. B 3. ha	C No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long In U.S. If of foreign birth?yrsmosds.
2. FULL NAME Horme E. Acha	ffner
(a) Residence: No. Cambridge Md. R.F. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE OR DIVORCED (write the word) The color of Race OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If merried, widowed, or diverced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 14 14 0 49 5	I last saw h. alive on Oct. 25 1932; death is said
7. AGE Years, Months Days If LESS than	to have occurred on the date stated above, at/2:40.Pm.
38 8 /3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Rupture of Cyonal page Luda.
6. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	Heranologi Oct. 24/32
10. Date deceased last worked at this occupation (month and yeer)	
2	Other Contributory Causes of Importance: Pentonutes God. 22/32
12. BIRTHPLACE (city or town) (State or country)	Pentonitio Ded. 21/52
13. NAME M. H- Condon	
14. BIRTHPLACE (city or town)	Neme of operation Date of
(State or country)	What test confirmed diagnosis? Was there an europsy?
15. MAIDEN NAME Manue E. Wolen	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT tranh J. Ashaffran (Address) Campish mall	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place East him hombert he Date MA 2, 1934	Nature of injury
19. UNDERTAKER Truck E. Ultargh. (Address) (Address)	24. Was disease or injury in any wey related to occupation of deceased? 24.
me Call	If so, specify SRW off
20. FILED CCK 2, 1932 2 2 10 2 7 Registrar.	(Signed) M. D. (Address) Cambridge. M.d.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife im answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I	1	Example II	
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Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

MARGIN RESERVED FOR BINDING	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD	mation should be carefully supplied. AGE should be stated EXACTLY. PHYS	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact sta	tructions on back of certificate.
V. S. No. 1	N. B.—WRITE PLAINLY, WITH UNI	mation should be carefully suppl	CAUSE OF DEATH in plain terr	TION is very important. See instructions on back of certificate.

	STATE C	F MAR	YLAND-	CERTIFICATE OF DEATH 10889		
1. PLACE OF				46)		
				Registration Dist. No. 114		
Village or Cit	Robbins,		(1	No. St., Wa If death occurred in a horpital or institution, give its NAME instead of street and number)		
Length of reside	nce in city or town where d	leeth occurred	77 _{yrs.} 2mos	s. 14 ds. How long in U.S. if of foreign birth?yrs,		
2. FULL NAM	E James D.	J. Sla	cum.			
(a) Residence	: No. Robbin	s, Md.	. (. 1 . 1 .)	St., Ward.		
	L AND STATISTI			If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) White Narried		RIED, WIDOWED,	21. DATE OF DEATH October 5th 193 2 (Month) (Day) (Yeer)			
5a. If married, widower HUSBAND of (or) WIFE of	or divorced Fannie H. B	ooze		22. SI HEREBY CERTIFY, That I attended deceased from 19 19 19		
6. DATE OF BIRTH (m	onth, day, and year) 7	/21/185	55.	I last saw h ein elive on Seft. 26 1932 death is sai		
7. AGE Years	Months	Deys	If LESS than	to have occurred on the date stated above, etc. QQ. Am. M.		
77	2	I4	ormin.	The PRINCIPAL CAUSE OF DEATH end releted causes of importence were as follows:		
8. Trade, professi kind of wo SAWYER, E 9. Industry or bu	k done, as SPINNER, OOKKEEPER, etc	Farmer		Corner of Live & Stower work		
10. Date deceased this occupa	tion (month and TO9	Q spe	ime (years) nt in this 33			
12. BIRTHPLACE (city or town) Dorchester, County (Stete or country) Maryland.				Other Contributory Causes of importance:		
13. NAME JE	ackson Slac					
14. BIRTHPLACE (State or co		ounty,	Maryland	Name of operation Date of What test confirmed diagnosis? Play & Coanses. Was there an autopsy? Zeo		
15. MAIDEN NAM	Elizabet	h Nixor	1	23. If death was due to external causes (VIOLENCE) fill in also the following:		
16. BIRTHPLACE (city or town) DOY COUNTY Md.			fd.	Accident, suicide, or homicide?		
17. informant J. Wilby Slacum. (Address) Cambridge, Maryland.		nd.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.			
18. BURIAL, CREMATION, OR REMOVAL Place Robbins, Md. Date IO. 7.32,19			7.321	Manner of injury		
19. UNDERTAKER Granville S. Le Compte. (Address) Cambridge, Maryland.				24. Wes disease or injury in any way releted to occupation of deceased?		
20. FILED Oct.	6 ,19 32 hres	-11	usich	(Signed) E. E. Wreff M. (Address) Cambridge, Ind		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ACE should be stated EXACTLY, that it may be properly classified ACE K FOR cation should be carefully supplied. WITH UNFADING INK--THIS MARGIN RESERVED of information should Item CIANS N. D

V. S. No. 1

PLACE OF DEATH

County Crapo. Doroheste. Com	CERTIFICATE OF DEATH Registration Dist. No. /19
Village or City (No	St.: Ward) St.: Ward) St.: Ward) (If death occurred is a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Caloned Single, Widowed. OR ONYORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
8 DATE OF BIRTH Occ. 25 , 1806 (Month) (Day) (Year)	that last saw h in alive on Action 7, 193
7 AGE If LESS than 1 day hrs. or min.?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Coita general detail
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration)yrsmosds
10 NAME OF FATHER Our guest 10 11 BIRTHPLACE	(Signed) A. D. M. D. Act 1/1 1934 (Address) Confidence To for
State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs ds. State yrs ds. More was disease contracted, if not at place of death?
(Informant) David Nec Cuesty	Former or usual residence
(Address)	Orapo md Coct 16, 1932
15 Filed Oct 16 1932 Wilson & Pritchell Social Registrat	Louis Bayaum Cambridge my
If more banks are needed, address State Registra	r, 16 W. Saratoga St., Balyo., Requesting V. S. No. 1.

STATE OF MARYLAND

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the Spinner, should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer (reguged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary firenan, etc. But in many Physician, whatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH to report Foreman, or At Home, and children, not gainfully em-For many occupations a (b) Cotton mill; (a) Salcsman. specifically the occupations of persons en-Compositor, Architect, Locomotive engineer, (b) For persons who have no occupation Automobile foctory. The single word or term on (6) material Grocery;

Statement of Cause of Death—Name, first, the DISEALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphthera (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia.")

(Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." approved by Committee on "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, or as probably such, if impossible to determine definitely. taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Whooping cough; Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi Chronic valvular heart disease; etc. The Nomenclature of the contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

of OCCUPA-

· · · · · · · · · · · · · · · · · · ·	PARATA	111
County Therisa	V SIN CORPORATE LIBITE	Registration Dist. No. // 4
Village or City Length of residence in city or town where de	(If	NoSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME (a) Residence: No / 7	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male we	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH /3 , 193 (Month) (Day) (Year)
is. If married, widowed, or divorced HUSBAND of (or) WIFE of B. DATE OF BIRTH (month, day, and year)	mith Unknown	1 HEREBY CERTIFY. That I attended deceased from 10, 1932, to left 13, 1932 atlast saw have alive on left 12, 1932; death is sale
AGE Years Months	Days If LESS than i day,hrs. ormin.	to have occurred on the data stated above, at 3.222.8.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of great
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEPFER, etc	II. Total time (years) spent in this occupation	Company Confestion 1932 Entrancy Confestion 10-8-3
2. BIRTHPLACE (city or town) Black (State or country) Danhester	water Co my	Other Contribatory Casses of Importance:
14. BIRTHPLACE (city or town) Black (State or country) Buchest	Cu Hod	Name of operation Date of
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address)	custus mith	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, sulcide, or homicide?
8. BURIAL, CREMATION, DR REMOVAL Place Constituting Md:	Date O.A. 15, 1931	Manner of injury
9. UNDERTAKER (Address) 2 2 9	advy	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed)

STATE OF MADVI AND CEDTIFICATE OF DEATH AGO OF

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Chronie interstitial nephritis	19 L	21	Run over by street car	1 week ago
Cerebral hemorrhage	July	,1927	Peritonitis	3 days ago
N ()	32			
Other contributory causes of impor	tance:		Other contributory causes of importance:	
Gallstones	May	1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

STAT	Win		CERTIFICATE OF DEATH 108	92
County Duch	str	AATE UNITE .	Registration Dist. No.	16
Village or City Com	ndge		No. St., death occurred in a hospital or institution, give its NAME instead of street and n	Ward
Length of residence in city or town	where death occurred	yrs 2 mos	2 #_ds. How long in U.S. if of foreign birth?yrsma	sds.
2. FULL NAME	n led	lay 1	Canley	
(a) Residence: No. 144	(Usual place	of spode)	St., J Ward. If nonresident give city or town and	State
PERSONAL AND STA	TISTICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RA		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		0	22. 1 HEREBY CERTIFY. That t attended of Certains 10 1932 to Cert 144	deceased from
6. DATE OF BIRTH (month, day, and year	July 20	1932	t tast saw h alive on Outober 13 , 19 3 3	; death is sale
7. AGE Years Mon	Days 2 2 4	If LESS then 1 day,hrs. ormin.	to have occurred on the date steted above, at 3.2.2m. The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINN SAWYER, BOOKKEEPER, etc	ER,		aute Enlentes	2-/0-3
kind of work done, as SPINN SAWYER, BOOKKEEPER, etc Industry or business In which work was done, as SILK MILL SAW MILL, BANK, etc	11, Total t	ime (years) nt in this		
year) 12. BIRTHPLACE (city or town)		upation	Other Contributory Causes of Importance:	
(State or country)	stey Cip	hap		
(State or country)	Combid	91	Name of operation	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	sylvin Is	land	23. If death was due to external causes (VIOLENCE) filt in also the following Accident, suicide, or homicide? Date of injury	
(State or country) 17. INFORMANT (Address) 0	Ciphos	Ot	Where did injury occur?(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	a) ACE.
18. BURIAL, CREMATION, OR REMOVAL Place Saylors	and Date ac	t. 15, 19 32	Manner of injury	
19. UNDERTAKERO (Address)	ay Mere	nad.	24. Was disease or Injury in any way related to occupation of deceased?	
20. FILED 10915 ,132	COMMA	Ukces- Registrar.	(Signed) Charall Mistelan (Address) Character St	M. D

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
NEW 7_1972					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL SPACE FOR FU	URTHER ST	TATEMENTS !	BY	PHYSICIAN
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Chittan Chittan

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B.—WRITE

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STA	TE OF	MAR	YLAND-	CERTIFICATE OF DEATH 10	893	
1. PLACE OF DEATH				<u> </u>		
County Dorches	ter			Registration Dist. No. 111		
Village or City Sale	em			No.	Ward	
	wn where dea		yrs mos	f death occurred in a hospital or institution, give its NAME instead of street and s	number)	
(a) Residence: No.		(Usual place	of abode)	St. Ward. If nonresident give city or town and	State	
PERSONAL AND ST	ATISTIC			MEDICAL CERTIFICATE OF DEATH		
	race s		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH October 8, (Month) (Day)	, 193 2 (Yeer)	
a. If married, widowed, or divorced HUSBAND of (or) WIFE of				22. I HEREBY CERTIFY, That I attended		
5. DATE OF BIRTH (month, dey, end y	ear) Oc	tober	8. 1932	I lest saw h elive on, 19		
. AGE Years	Months	Days	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:		
8. Trade, profession, or particula kind of work done, as SPI SAWYER, BDOKKEEPER, et	NNER.		•		Date of onset	
9. Industry or business in which work wes done, as SILK M SAW MILL, BANK, etc	9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc			Stillbirths	-	
this occupation (month end						
2. BIRTHPLACE (city or town) (State or country)	Marv	land.		Dther Coutributory Causes of Importance:	-	
13. NAME Frank	-					
14. BIRTHPLACE (city or town) (State or country)		vland		Name of operation Date of What that confirmed diagnosis?		
15. MAIDEN NAME Marie	on Sta			What test confirmed diagnosis?		
16. BIRTHPLACE (city or town) (State or country) Maryland.				23. If death was due to externel causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?		
7. INFORMANT						
8. BURIAL, CREMATION, OR REMOVA Place		. Date	, 19	Manner of Injury		
9. UNDERTAKER(Address)			••••	24. Was disease or Injury in any way related to occupation of deceased?		
0. FILED, 19				(Signed) A & Barken L. H.	XMX OX	

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example 11			
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
1915	Attack of epilepsy	1 week ago		
1921	Run over by street, car	1 week ago		
July 5,1927	Peritonitis	3 days ago		
	Other contributory causes of importance:			
May 1,1923	Gastroenteritis	1 year		
	i			
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street, car July 5,1927 Peritonitis Other contributory causes of importance:		

ADDITIONAL	SPACE FOR FU	RTHER STATEM	ENTS BY PHYSI	CIAN	

V. S. No. 1

	REC	. Р	Exac	
MARGIN RESERVED FOR BINDING	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT REC	mation should be carefully supplied. AGE should be stated EXACTLY. P	CAUSE OF DEATH-in plain terms, so that it may be properly classified. Exac	te.
FOR	IS A P	stated	properl	certifica
9	HIS	be	be	Jo
ERVI	K-T	plnous	t may	back 1
ESS	Z	ES	ati	S on
X	ING	AG	o th	tion
ARGIL	UNFAD	upplied.	terms, s	instruc
2	H	y SI	ain	Se
7	INLY, WIT	be carefull	EATH-in pl	TION is very important. See instructions on back of certificate.
	PLA	plno	F D	ery
	TE	n sh	E 0	is
V. 3. No. 1	BWRI	mation	CAUS	TION
>	z	-	7	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10894
1. PLACE OF DEATH WITEH CORPORATE CIMITE OF	
County DOT Chester	Registration Dist. No. II6
Village or City Cambridge, Maryland.	No. II9 ach Blosson Ave St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredmos	death occurred in a nospital of institution, give its IVAIME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Maryy Ella Stoker.	
(a) Residence: No. II9 Peach Blossom Ave.	St., Ward, 4
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED WIDOWED	MEDICAL CERTIFICATE OF DEATH
Female White Widowed	21. DATE OF DEATH October 26th 193.2 (Yeer)
5e. If merried, widowed, or divorced HUSBAND of the Late Wm.J.Stoker.	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 7/27/I866	I lest saw hA elive on Ott 26 1932; deeth is seld
7. AGE Years Months Deys If LESS than 1 day, hrs.	to heve occurred on the date stated above, et 3. 40P m The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINNERHOUSE WORK 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Dete-deceased last worked at this occupation (month and	Hypertensine Carolio ?
this occupation (month and /4/32 spant in this occupation 46 12. BIRTHPLACE (city or town) East New Market. (Stete or country) Maryland.	Other Coatributory Causes of importance:
	Chebral bemankoz 10/26/3.
13. NAME James W. Wheatley 14. BIRTHPLACE (city or town) East New Market, (State or country) Maryland.	Name of operation Dete of What test confirmed diegnosis? Type Wes there en eulopsy? 24.00
15. MAIDEN NAME Mary J. Haynes.	23. If deeth wes due to externel causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Mary J. Haynes. 16. BIRTHPLACE (city or town) Golden Hill, (State or country) Maryland.	Accident, suicide, or homicide? Dete of injury, 19
17. INFORMANT Miss Eyah Stoker. (Address) Cambridge, Maryland.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Madison, Md. Dete IO/29/32, 49	Menner of Injury
19. UNDERTAKER Granville S. Le Compto (Address) Cambridge, Maryland. 20. FILED Oct. 29, 19 32 EEWolff Registrar.	24. Was disease or injury In any way releted to occupation of deceased? If so, specify (Signed) (Address) (Address) (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	***
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

1. PLACE OF DEATH	Laurain and	92-0	11/
County Aleka	lu man	Registration Dist. No	110
Village or City Camb	(II	No. I death occurred in a hospital or institution, give its NAME instead of stre	
2. FULL NAME DAY	ch Some 2		
0.0	3 (3)	St. Ward.	
(a) Residence: No. 23	(Usual place of abode)	If nonresident give city or to	wn and State
PERSONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEA	тн
S. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 30 (Month) (Day)	, 193 2 -
5a! If married, widowed, or divorced HUSBAND of (or) WIFE of	Digs	22. I HEREBY CERTIFY, That I at	itended deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days 18 LESS than	(Ca 1 2 1	9.3 ; death is said
7. AGE WORKIS	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of important	e
8 Trada profession or particular	ormin.	were as follows:	Date of onset
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	General House	Control Cations lesson	19.3
. Industry or business in which	we k.	Bus to the	1930
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	11. Totel time (years) spant in this	mysenditus	1932
year)	ocsupation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town)	Just co and	Co tou tis	10-18-3
13. NAME ann E	mnolo		
13. NAME (LAND E) 14. BIRTHPLACE (city or town) (State or country)	no pa	Name of operetion Oa What test confirmed diagnosis? Clinical Was the	era an autopsy?
15. MAIDEN NAME	(P) Emile	23. If death was due to extarnal causes (VIOLENCE) fill In also the fi	
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	7	Accident, suicide, or homicide? Oate of injury.	
(State or country)	hister is the	Whera did injury occur?(Specify city or town, county	16
17, INFORMANT (Address) 2 3 3	~	Specify whether injury occurred In INOUSTRY, In HOME, or in PUB	LIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL Place Bethel Com.	0ate Nov 2" 19 8 2	Manner of Injury	
19. UNDERTAKER 729 74	gh st chub.	24. Was disease or injury in eny way related to occupation of decease if so, specify	sed?
20. FILED MOV. 2, 1932	S Erwy	(Signed) Crowll StCla	M. (

CTATE OF MADVI AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis Peritonitis	3 days ago	
EUREAU V.B.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

BINDING	
FOR	
RESERVED	
MARGIN	

AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. properly classified. of certificate. be CAUSE OF DEATH in plain terms, so that it may See instructions on back mation should be carefully supplied. TION is very important. V. S. No. 1

STATE OF	MARYLAND-CERTIFICATE OF D	EATH 10838
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			A
1. PLACE OF DEATH			(3)
County Druhish			Registration Dist. No. // 6
Village or City Linken	and		No. St., Ward
Vinage of City			death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town wher	e death occurred	yrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Baly	/sm	ny Two	in I
(a) Residence: No.	word		St., Ward.
	(Usual place	of abode)	If nonresident give city or town and State
PERSONAL AND STATIS			MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a /f married, widowed, or divorced			
HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY, That I attended deceased from
/	1 6 - 1	1840	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, and year)	est 21	1932	I last saw h alive on, 19; death is said
7. AGE Years Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, at 2.2.2.1.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
		ormin,	were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER,			Sauton
SAWYER, BOOKKEEPER, etc			
work was done, as SILK MILL, SAW MILL, BANK, etc.			
	11. Total t	ime (years) nt in this	
this occupation (month and year)	occi	ipation	01-0-0-11-0
12. BIRTHPLACE (city or town)	Rward		Other Contributory Causes of importance:
(State or country)			
13. NAME MLis Ma	ung		
13. NAME 14. BIRTHPLACE (city or town)	ordtown		Name of operation Oate of
(State or country)	Lista Co	910	What test confirmed diagnosis? Chimical Was there an autopsy?
15. MAIOEN NAME	- Sten	met	23. If death was due to external causes (VIOLENCE) fill in also the following:
16, BIRTHPLACE (city or town)	wlack		Accident, suicide, or homicide? Date of Injury, 19
(State or country)	F		Where did injury occur?
17. INFORMANT Min Ago (Address) S A	my ga		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL		4	Manner of injury
Place Linkwood,	Md: Date Och	, 22 , 1932	- Nature of injury
19. UNDERTAKER Whis	Hound	4 3	24. Was disease or injury in any way related to occupation of deceased?
(Address) Linkwy	ood f	md.	If so, specify
20. FILED Oct. 22 1932	Eru	Jolf	(Signed) Charle Mottleam M. D.
20, 11660-12-3, 193		Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
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MANGIN NESENVED FOR DINDING	RD. Every	YSICIANS	statement	
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TATE OF THE PARTY	RMANE	XACT	classified	
2	PE	ら 回	erly	icate
101	IS A	state	prop	TION is very important. See instructions on back of certificate.
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17 / 1	T	plno	may	back
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4	ING	AG	the the	tion
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TAL	ND	ddns	n ter	ee in
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 10829
1. PLACE OF DEATH	
County Duchester	Registration Dist. No. // 6
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city or town where death occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Baky Manny Ju	viv II.
(a) Residence: No.	St.,Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If narried, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) (Lat 21 /932	
6. DATE OF BIRTH (month, day, and year) 21 / 732 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2145.P.m.
f day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
9. Trade profession or particular	were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	
9. Industry or business in which	
9. Thdustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	-
10. Date deceasad last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Lukurd	Other Coutributory Causes of Importance:
(State or country)	
13. NAME Mis Kanny	
14. BIRTHPLACE (city or town). Condtains (State or country)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Climical Was there an autopsy?
15. MAIDEN NAME Liver Stewart	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
f8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Finkewood Date Oct. 22, 1932	Nature of injury
19. UNDERTAKER Usisp Young	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED Oct 22 fg 32 Exwolff	(Signed) Curry M.D.
V Registrar.	(Address)
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. J.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	1. 1
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